

Approach to
**CLINICAL
DENTISTRY**

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Approach to **CLINICAL DENTISTRY**

Ashwani Bansal



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Approach to Clinical Dentistry

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Preface

As students of dentistry, we have become increasingly aware of the fact, that to execute the art of dentistry on those who need it, we need to have a very sound and precise clinical and diagnostic approach. Here, in this book, I have tried to present the format in which a dental case should be handled, in a simplified and systemic manner. As the author of this book, I hope that this book is sufficiently comprehensive to guide the reader to a perfect diagnosis. It should, however, be noted that the contents in this book are very precise and the readers are advised to use it along with the other standard dental literature and the guidance of their teachers.

I would like to express my indebtedness to people whose help and encouragement has made the production of this book possible.

I would like to thank The Almighty God and my parents who have been the guide to my life. I would also like to thank Dr. Ravinder Nath Bansal who has been my source of inspiration for writing this book; all my friends especially Dr. Nimisha Rajput, Dr. Shehla Naaz, Dr. Navneet Agrawal, Dr. Ruchika Gupta and Dr. Bushra Liaqat for their never-ending support and encouragement; all my teachers especially Dr. Geeta Rajput (Reader, Deptt. Of Prosthodontics, Dental

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Any suggestions by the readers would be heartily welcomed.

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CHAPTER 1

Pedodontia

PROFORMA

- Name
- Age
- Sex
- Address
- Attendant's name
- Relationship of attendant with patient
- Occupation of father
- Occupation of mother
- Occupation of guardian (if any)
- Present physician's name and address

CHIEF COMPLAINT (*In patient's/attendant's words*)

HISTORY

1. Parental history
2. Prenatal history
3. Natal history
4. Postnatal and infancy history

I. *PARENTAL HISTORY*

- Any prosthesis worn
- Discoloration of teeth
- Soft teeth
- Wearing down of teeth

II. *PRENATAL HISTORY (Asked to mother of patient)*

- Any illness during pregnancy

- ❖ Duration
- ❖ Treatment taken
- Diet pattern during pregnancy
- Any blood incompatibility between mother and child
- Fluoride intake during pregnancy
- Rh-factor and blood group
- Any systemic/debilitating disease
 - ❖ Duration
 - ❖ Treatment taken

III. *NATAL HISTORY*

- Premature birth
- Jaundiced at birth
- History of blood transfusion
- 'Blue' baby/cyanosed baby

IV. *POSTNATAL AND INFANCY HISTORY*

Medical history of

- Convulsions
- Breastfeeding-duration
- Bottle-feeding-duration
- Fluoride intake
- Vitamin/mineral/water supplements
 - ❖ Duration
 - ❖ Form of supplements
- Rheumatic fever
- Congenital hematological disorders
- Kidney diseases
- Cardiovascular anomalies

- Skeletal deformities (Broken bones/joint pain)
 - ❖ Frequency
 - ❖ Duration
 - ❖ Treatment taken
- Walking habits
- Eating habits
- Mental/physical disabilities
- Any antibiotic treatment
 - ❖ When
 - ❖ Duration of treatment
- Any surgical intervention
 - ❖ Reason
 - ❖ Surgeon's name and address
 - ❖ Duration of treatment
- Attitude towards environment/friends
- Any other childhood diseases- specify details
- Allergic history
 - ❖ Foods
 - ❖ Local anesthetics
 - ❖ Penicillin/other antibiotics
 - ❖ Others

Dental history of

- Toothaches
- Bleeding gums
- Trauma
- Dental caries
- Developmental disturbances of dental significance
- Attitude towards dentists
- Poor oral hygiene
- Mouth cleaning habits

GENERAL EXAMINATION

- Stature
 - ❖ Height
 - ❖ Weight
- Gait
 - ❖ Unsteady weakness gaits
 - ❖ Waddling gaits
 - ❖ Equinus gaits
 - ❖ Scissors gaits
 - ❖ Hemiplegic gaits
 - ❖ Steppage gaits
 - ❖ Shuffling gaits
 - ❖ Wobbling gaits
 - ❖ Staggering gaits
 - ❖ Ataxic gaits
- Hands
- Temperature
- Skin moisture
- Skin dryness/wrinkles
- Speech
 - ❖ Aphasia
 - ❖ Delayed speech
 - ❖ Stuttering
 - ❖ Articulatory disorders
 - ❖ Cluttering
 - ❖ Stammering
- Skin lesions
 - ❖ Scales
 - ❖ Macules
 - ❖ Papules

- ❖ Crusts
- ❖ Vesicles
- ❖ Ulcers
- Growth of fingers
- Nails
 - ❖ Bitten
 - ❖ Spoon-shaped
 - ❖ Pitted
 - ❖ Brittle
 - ❖ Scaly
 - ❖ Thickened
 - ❖ Covered with skin
 - ❖ Discolored
 - ❖ Absent

EXAMINATION OF HEAD AND NECK

- Size and shape of head
 - ❖ Macrocephaly
 - ❖ Microcephaly
 - ❖ Abnormal head shapes
- Hair and skin
 - ❖ Alopecia
 - ❖ Skin lesions
- Temporomandibular joint
 - ❖ Limitation of movement
 - ❖ Subluxation
 - ❖ Dislocation
 - ❖ Mandibular deviation
 - ❖ Trismus
 - ❖ Pain

- Ears
 - ❖ Pain
 - ❖ Discharge (if any)
- Eyes
 - ❖ Vision
 - ❖ Action of eyelids
 - ❖ Inflammation
 - ❖ Swelling/puffiness around eye
 - ❖ Crusting/lesions on eyelids
 - ❖ Conjunctivitis
 - ❖ Iris defect
 - ❖ Abnormal lacrimation
- Nose
 - ❖ Size
 - ❖ Shape
 - ❖ Color
- Neck
 - ❖ Skin
 - ❖ Symmetry
 - ❖ Lymphadenopathy
 - ❖ Tenderness/enlargement of glands
- Facial swelling and asymmetry

EXAMINATION OF ORAL CAVITY

- Breath
 - ❖ Pleasant
 - ❖ Halitosis
 - Acetonic odor
 - Fetid odor

- Lips
 - ❖ Size
 - ❖ Shape
 - ❖ Color
 - ❖ Surface texture
- Buccal mucosa
 - ❖ Stenson's duct papilla-inflamed 'or' not
 - ❖ Swelling in cheek
 - ❖ Lesions
 - ❖ Color
 - ❖ Surface
 - ❖ Other findings(if any)
- Saliva
 - ❖ Quantity
 - ❖ Quality
 - Thin
 - Normal
 - Viscous
- Gingiva
 - ❖ Color
 - ❖ Form
 - ❖ Pain/tenderness
 - ❖ Labial frenula
 - ❖ Inflammation
 - ❖ Spontaneity of bleeding
- Tongue
 - ❖ Size
 - ❖ Shape
 - ❖ Color
 - ❖ Movement

- ❖ Any ulceration
- ❖ Surface
- ❖ Dryness
- ❖ Undersurface of tongue
- Palate
 - ❖ Symmetry
 - ❖ Color
 - ❖ Presence of lesions/deformity/scar
- Pharynx and tonsils
- Teeth
 - ❖ Anodontia
 - ❖ Supernumerary teeth
 - ❖ Macrodontia
 - ❖ Microdontia
 - ❖ Staining
 - ❖ Calculus deposits
 - ❖ Hypocalcification
 - ❖ Physical injuries
 - ❖ Caries
 - ❖ Hypoplasia
 - ❖ Dilaceration
 - ❖ Dwarfism
 - ❖ Gemination
 - ❖ Fusion
 - ❖ Notched teeth
 - ❖ Peg-shaped teeth
 - ❖ Malocclusion status
 - Class I
 - Class II (div1/2/subdiv)
 - Class III

INVESTIGATIVE METHODS

- Radiographs
 - ❖ IOPA
 - ❖ Orthopantomograph
 - ❖ Bite-wing
 - ❖ Cephalogram
- Biopsy
- Pulp testing
- CADIA

TREATMENT PLANNING

- *Medical treatment*
 - ❖ Referral to physician
- *Systemic treatment*
 - ❖ Premedication
 - ❖ Therapy for oral infection
- *Preparatory treatment*
 - ❖ Oral prophylaxis
 - ❖ Caries control
 - ❖ Oral surgery
 - ❖ Orthodontic consultation
 - ❖ Endodontic therapy
- *Corrective treatment*
 - ❖ Operative dentistry
 - ❖ Prosthetic dentistry
 - ❖ Orthodontic dentistry
- *Periodic recall examination and maintenance treatment*

CHAPTER 2

Periodontics and Community Dentistry

PROFORMA

- Name
- Age
- Sex
- Address
- Socio-economic status
- Occupation
- Habits
 - ❖ Smoking
 - ❖ Betelnut chewing
 - ❖ Nail biting
 - ❖ Tobacco chewing, etc.

CHIEF COMPLAINT (*In patients words*)

MEDICAL HISTORY

- Any present illness
 - ❖ Duration
 - ❖ Mode of onset
 - ❖ Progress of disease
 - ❖ Treatment taken
 - ❖ Post-treatment scenario
 - ❖ Physician consulted
- Any past illness
(Infectious diseases, debilitating diseases, cardiovascular diseases, sexually transmitted diseases, blood disorders, etc.)
 - ❖ Duration
 - ❖ Mode of onset

- ❖ Progress of disease
- ❖ Treatment taken
- Any possibility of occupational diseases
- Allergic history
- In females, history of
 - ❖ Menopause
 - ❖ Menstrual disorders
 - ❖ Hysterectomy
 - ❖ Pregnancies
 - ❖ Miscarriages
- Family history
- Personal history

DENTAL HISTORY

- Visits to dentist
 - ❖ Frequency of visits
 - ❖ Date of recent visits
 - ❖ Nature of treatment
- Latest oral prophylaxis
 - ❖ Date
 - ❖ Particulars of dentist
- Teeth cleaning habits
 - ❖ Toothbrush
 - Frequency
 - Time of day
 - Method
 - Type of brush
 - Type of dentrifice
 - Interval of change of brushes

- ❖ Other methods
 - Finger massage
 - Mouthwashes
 - Interdental aids
 - Water irrigation
 - Dental floss
- Orthodontic treatment
 - ❖ Duration
 - ❖ Date of termination of treatment
- Past dental/periodontal problem
 - ❖ Duration
 - ❖ Treatment
 - ❖ Duration of treatment
- Chief complaint
 - ❖ Pain in teeth or gums
 - Mode of onset
 - Severity
 - Nature
 - Duration
 - Manner in which it is relieved
 - ❖ Bleeding gums
 - When first noticed
 - Precipitating factors
 - Periodicity
 - Association with menstruation/pregnancy
 - Spontaneity of bleeding
 - ❖ Bad taste/odor/food impaction
 - ❖ Tooth mobility
 - Slight
 - Moderate
 - Severe

- ❖ Habits
 - Occupational
 - Parafunctional

EXTRAORAL EXAMINATION

- Head and face
 - ❖ Symmetrical/assymetrical
 - ❖ Lymphadenopathy
 - ❖ Lymphadenitis
 - ❖ Deviation of mandible
 - ❖ Dento-facial anomalies

INTRAORAL EXAMINATION

- Oral hygiene
 - ❖ Food debris
 - ❖ Plaque
 - ❖ Materia alba
 - ❖ Stains
 - Black
 - Green
 - Brown
 - Reddish
 - Others
 - ❖ Calculus
 - Supragingival
 - Subgingival
- Mouth odor/halitosis
 - ❖ Fetid odor
 - ❖ Alcoholic odor

- ❖ Acetonic odor
- ❖ Uraemic odor
- Oral mucosa
 - ❖ Pigmentation
 - ❖ Inflammation
 - ❖ Color
 - ❖ Any surface lesion
- Floor of mouth
 - ❖ Color
 - ❖ Surface lesions
 - ❖ Any bony overgrowth (tori)
- Tongue
 - ❖ Size
 - ❖ Shape
 - ❖ Surface
- Enamel hypoplasia/opacities
- Palate
 - ❖ Color
 - ❖ Any bony extension (tori)
 - ❖ Surface
- Oropharyngeal region
 - ❖ Pharyngeal wall
 - ❖ Adenoids
- Saliva
 - ❖ Quantity
 - ❖ Quality
 - Thin
 - Normal
 - Viscous

- Gingiva
 - ❖ Color
 - ❖ Size
 - ❖ Contour
 - ❖ Consistency
 - ❖ Surface texture
 - ❖ Position
 - ❖ Bleeding
 - ❖ Tenderness
 - ❖ Width of attached gingiva
 - Sufficient
 - Insufficient

- Teeth
 - ❖ Number
 - ❖ Size
 - ❖ Form
 - ❖ Attrition
 - ❖ Abrasion
 - ❖ Erosion
 - ❖ Ablation
 - ❖ Stains
 - ❖ Exposure of root surfaces
 - ❖ Interdental craters
 - ❖ Proximal contact relations
 - ❖ Mobility
 - Grade I
 - Grade II
 - Grade III
 - ❖ Trauma from occlusion
 - ❖ Pathologic tooth migration

- Presence of pocket/crater/furcation
 - ❖ Site
 - ❖ Depth

CLINICAL INDICES

- Gingival index
- Sulcus bleeding index
- Russell's periodontal index
- CPITN (Community periodontal index and treatment needs)

C.P.I.T.N. RECORDING TABLE

- ❖ 0= healthy periodontium
- ❖ 1= bleeding
- ❖ 2= calculus felt during probing
- ❖ 3= pocket (4-5 mm)
- ❖ 4= pocket (6mm or more)
- Fluorosis (Dean's fluorosis index)
 - ❖ 0= normal
 - ❖ 1= questionable
 - ❖ 2= very mild
 - ❖ 3= mild
 - ❖ 4= moderate
 - ❖ 5= severe

INVESTIGATIVE METHODS

- Radiographs

- Casts
- Biopsy
- Hemogram
- CADIA
 - ❖ RVG
 - ❖ DMB
 - ❖ SMS
- Biochemical analysis
- Enzyme assay
- Immune assay

CHAPTER 3

Orthodontia

PROFORMA

- Name
- Age
- Sex
- Address
- Occupation
- Socioeconomic status
- Habits

CHIEF DENTAL COMPLAINT (*In patients' own words*)**MEDICAL HISTORY**

(Fortunately, not many conditions contraindicate the use of orthodontic appliances)

- Epilepsy
- Blood dyscrasias
- Diabetes
- Rheumatic fever
- Cardiac anomalies
- Other acute and debilitating conditions

1. ALLERGIC HISTORY**2. DRUG HISTORY****3. PRENATAL HISTORY: (in case of child patient)**

- Any illness during pregnancy
 - ❖ Duration
 - ❖ Treatment taken

- Type of delivery
 - ❖ Normal
 - ❖ Forceps delivery
- Fluoride intake and diet pattern
- 4 POSTNATAL HISTORY:(in case of child patient)
 - Type of feeding
 - ❖ Breastfeeding
 - ❖ Bottle-feeding
 - Presence of habits
 - ❖ Thumb sucking
 - ❖ Tongue thrusting
 - ❖ Lip biting
 - ❖ Cheek biting
 - ❖ Prolonged suckling
 - ❖ Bruxism
 - ❖ Nail biting
 - ❖ Mouth breathing
- 5. FAMILY HISTORY

GENERAL EXAMINATION

- Height and weight
- Gait
- Posture
- Physique
 - ❖ Aesthetic
 - ❖ Pletoric
 - ❖ Athletic
 - ❖ Ectomorphic
 - ❖ Mesomorphic
 - ❖ Endomorphic

EXTRAORAL EXAMINATION

- Shape of head
 - ❖ Mesocephalic
 - ❖ Doliocephalic
 - ❖ Brachycephalic
- Facial form
 - ❖ Mesoprosopic
 - ❖ Euryprosopic
 - ❖ Leptoprosopic
- Facial symmetry
 - ❖ Symmetrical
 - ❖ Slightly asymmetrical
 - ❖ Grossly asymmetrical
- Facial profile
 - ❖ Straight
 - ❖ Convex
 - ❖ Concave
- Facial divergence
 - ❖ Anterior divergent
 - ❖ Posterior divergent
 - ❖ Straight (orthognathic)
- Assessment of antero-posterior jaw relations
- Facial proportions
 - ❖ Disproportionate
 - ❖ Proportionate
- Lips
 - ❖ Competent
 - ❖ Incompetent
 - ❖ Potentially incompetent
 - ❖ Everted

- Muscle activity (during)
 - ❖ Mastication
 - ❖ Deglutition
 - ❖ Respiration
 - ❖ Speech
- Nose
 - ❖ Size
 - ❖ Contour
 - Straight
 - Convex
 - Crooked
 - ❖ Nostrils
 - Shape
 - Symmetry
- Chin
 - ❖ Mentalis activity
 - No contraction
 - Puckering of chin
 - ❖ Mento-labial sulcus
 - Normal
 - Deepened
 - ❖ Position and prominence
 - Prominent
 - Recessive
- Naso-labial angle
 - ❖ 110 deg. (normal)
 - ❖ Less than 110 deg.
 - ❖ More than 110 deg.

INTRAORAL EXAMINATION

I) *SOFT TISSUE APPRAISAL*

- Gingiva
 - ❖ Color
 - ❖ Texture
 - ❖ Hypertrophy
 - ❖ Inflammation
 - ❖ Recession
 - ❖ Muco-gingival lesions
- Labial frenum
 - ❖ Maxillary
 - ❖ Mandibular
- Tongue
 - ❖ Size
 - ❖ Shape
 - ❖ Posture
 - ❖ Lingual frenum(tongue-tie)
- Palate
 - ❖ Palatal depth
 - ❖ Swellings
 - ❖ Cysts/bony pathologies
 - ❖ Mucosal ulcerations/indentations
 - ❖ Clefts
 - ❖ Presence of third rugae
- Tonsils and adenoids
 - ❖ Size
 - ❖ Inflammation
- Vestibular mucosa
 - ❖ Color

- ❖ Texture
- ❖ Surface

ASSESSMENT OF DENTITION

- Teeth
 - ❖ Number present
 - ❖ Unerupted teeth
 - ❖ Missing teeth
 - ❖ Caries
 - ❖ Restorations
 - ❖ Malformations
 - ❖ Hypoplasias
 - ❖ Wear
 - ❖ Size and shape
 - ❖ Tooth to bone ratio
 - ❖ Oral hygiene
 - ❖ Occlusion status
 - ❖ Malocclusion status
 - Excessive overjet
 - Procumbent incisors
 - Excessive overbite
 - Cross bite
 - Open bite
 - Deep bite
 - Diastemata
 - ❖ Tooth irregularities
 - Rotations
 - Displacements
 - Intrusion
 - Extrusion

- ❖ Arch form
 - Normal
 - Narrow (V-shaped)
 - Squarish (U-shaped)

FUNCTIONAL ASSESSMENT

- Postural rest position and interocclusal distance
- Occlusal prematurities, point of initial contact
- Displacement of tooth guidance (if any)
- Swallowing
 - ❖ Infantile swallow
 - ❖ Mature swallow
- TMJ
 - ❖ Clicking
 - ❖ Crepitus
 - ❖ Pain
 - ❖ Limitation of movement
 - ❖ Hypermobility
 - ❖ Morphological abnormality
- Range of mandibular motion
 - ❖ Protrusive
 - ❖ Retrusive
 - ❖ Lateral
- Path of closure
 - ❖ Forward path
 - ❖ Backward path
 - ❖ Lateral path
 - ❖ Normal path

INVESTIGATIVE METHODS AND DIAGNOSTIC AIDS

- Study models
- Facial photographs
- Electromyography
- Intraoral radiographs
- Extraoral radiographs
- Hand-wrist radiographs

In medically compromised patients

- Thyroid profile examination
- Basal metabolic rate
- PBI

CHAPTER 4

Conservative Dentistry

PROFORMA

- Name
- Age
- Sex
- Socioeconomic status
- Occupation

CHIEF COMPLAINTS**MEDICAL HISTORY**

(Not many conditions contraindicate endodontic procedures)

- Any major recent serious illness
 - ❖ Duration
 - ❖ Treatment taken
- Chest pain upon exertion
- Any inborn heart defects
- Dyspnoea
- Joint pains
- Allergy
- Sinusitis
- Diabetes
- Thyroid trouble
- Asthma
- Tuberculosis
- Persistent swollen glands in the neck
- Hypertension
- Hypotension
- Malignancies (if any)
- Blood disorders

In case of women, H/O

- Pregnancy
- Menstrual cycle
- Nursing
- Birth control pills

ALLERGIC HISTORY

- Local anaesthesia
- Penicillin/other antibiotics
- Drugs

DENTAL HISTORY

- Any previous dental problem
 - ❖ Mode of onset
 - ❖ Duration
 - ❖ Treatment received
- Any removable/fixed appliances presently wearing/worn
- Dietary habits
- Fluoride intake

EXAMINATION

1) EXAMINATION OF OROFACIAL SOFT TISSUES

- Submandibular glands and cervical nodes
 - ❖ Size
 - ❖ Texture
 - ❖ Mobility
 - ❖ Tenderness

- Masticatory muscles
 - ❖ Tenderness
- Cheeks
- Vestibules
 - ❖ Color
 - ❖ Depth
- Buccal mucosa
 - ❖ Color
 - ❖ Surface
 - ❖ Texture
 - ❖ Any lesion
- Lips
- Lingual and facial alveolar mucosa
- Palate
- Tonsillar area
- Tongue
 - ❖ Size
 - ❖ Shape
 - ❖ Extent
 - ❖ Any surface lesions
- Floor of mouth

II) EXAMINATION OF TEETH

- Number
- Size
- Form
- Gemination
- Concrescence
- Dilaceration
- Amelogenesis imperfecta

- Dentinogenesis imperfecta
- *Dens in dente*
- Pulp stones
- Fracture/craze lines
- Attrition
- Abrasion
- Erosion
- Ablation
- Exposure of root surfaces
- Caries
 - ❖ Enamel caries
 - ❖ Dentinal caries
 - ❖ Exposure or near exposure of pulp

A. INCIPIENT CARIES

- Visual examination
 - ❖ White spot that disappears on wetting

B. OCCLUSAL/LINGUAL CARIES

- Visual detection
 - ❖ Chalkiness/softening
 - ❖ Brown-gray discoloration radiating peripherally from tissue pit.
- 'Catch'/Resistance of explorer tip when placed into defect
- Radiographic examination
 - ❖ Radiolucency beneath occlusal surface

C. PROXIMAL SURFACE CARIES

- Visual examination
 - ❖ White-chalky appearance
- Probing with explorer may detect cavitation

- Radiographic analysis
- On anterior teeth
 - ❖ Diagnosis by trans-illumination

D. ROOT SURFACE CARIES

- Seen in geriatric cases commonly
- Visual examination
 - ❖ Softening, chalkiness
- Probing
 - ❖ Cavitation or rough surface
- Radiographic analysis

III) EXAMINATION OF EXISTING AMALGAM RESTORATIONS: Look out for

- Amalgam
- Proximal overhangs
 - ❖ Stoppage of explorer at amalgam-tooth interface and then outward movement onto amalgam.
 - ❖ Catching or tearing of dental floss
- Marginal gap/ ditching
- Voids
- Fracture lines in
 - ❖ Isthmus region
 - ❖ Interface line
- Improper anatomical contours
- Marginal ridge incompatibility
- Recurrent caries
- Improper proximal contacts

IV) EXAMINATION OF EXISTING CAST AND TOOTH COVERED RESTORATION: Look out for

- Improper contour or proximal contacts
- Overhanging proximal margins
- Recurrent caries

INVESTIGATIVE AIDS

- Radiographs
 - ❖ Bite-wing
 - ❖ IOPA
- Percussion test
- Thermal test
- Electric pulp testing
- CADIA

CHAPTER 5

Oral and Maxillofacial Surgery

PROFORMA

- Name
- Age
- Sex
- Address
- Socioeconomic status
- Habits
 - ❖ Tobacco chewing
 - ❖ Smoking
 - ❖ Alcoholism
 - ❖ Betelnut chewing
 - ❖ Others

CHIEF COMPLAINTS

- Swelling
- Pain
- White patch in oral cavity
- Recurrent ulcerations in oral cavity
- Inability to open mouth completely
- Impaired taste sensation
- Inability to protrude tongue
- Others

MEDICAL HISTORY

- Cardiovascular diseases
 - ❖ Angina pectoris
 - ❖ Myocardial infarction
 - ❖ Hypertension
 - ❖ Rheumatic fever

- ❖ Tachycardia
- ❖ Septal defects
- ❖ Any other surgeries
- Metabolic diseases
 - ❖ Diabetes
 - ❖ Adrenal malfunction
 - ❖ Diseases of thyroid/parathyroid
- Bleeding disorders
 - ❖ Anaemia
 - ❖ Haemophilia
 - ❖ Leukaemia
 - ❖ Purpuras
 - ❖ Others
- Respiratory disorders
 - ❖ Tuberculosis
 - ❖ Bronchitis
 - ❖ Asthma
 - ❖ Rhinitis
 - ❖ Deviated nasal septum
- Neurologic disorders
 - ❖ Epilepsy
 - ❖ Acute depression
 - ❖ Others
- In females
 - ❖ pregnancy
 - ❖ Menstrual disorders
- *DRUG HISTORY (If patient is having or had)*
 - ❖ Anticoagulants
 - ❖ Steroids
 - ❖ Tranquilizers

- ❖ Anti-hypertensives
- ❖ Anti-histaminics
- ❖ Anti-diabetic drugs
- ❖ Oral contraceptives
- *ALLERGIC HISTORY*
- *FAMILY HISTORY*

DENTAL HISTORY

- Any previous illness
 - ❖ Mode of onset
 - ❖ Duration
 - ❖ Treatment taken
- Any orthodontic treatment taken
- Restorative history
- Prosthetic history
- Surgical history
- History of extraction of teeth

EXAMINATION

1) *EXTRAORAL EXAMINATION*

- Skin
 - ❖ Color
 - ❖ Texture
- Head
 - ❖ Shape
 - ❖ Size
- Eyes
 - ❖ Sclera

- ❖ Conjunctiva
- ❖ Pain
- Ears
 - ❖ Hearing
 - ❖ Pain
 - ❖ Discharge
- Nose and paranasal sinuses
 - ❖ Epistaxis
 - ❖ Pain
 - ❖ Loss of sense of smell
 - ❖ Discharge
 - ❖ Sinusitis
- Pharynx
 - ❖ Hoarseness of voice
 - ❖ Difficulty in swallowing
 - ❖ Lymphadenopathy

II) INTRAORAL EXAMINATION

- Lesion (If any)
 - ❖ Site
 - ❖ Size
 - ❖ Related ulceration
 - ❖ Color
 - ❖ Margin
 - ❖ Surface
 - ❖ Extent
- Mouth opening
 - ❖ Symmetrical/asymmetrical
 - ❖ Deviation
 - ❖ In cm

- Trauma (*most common cause of maxillofacial surgeries*): look out for
 - ❖ Cause of trauma
 - ❖ Ecchymosis
 - ❖ Tenderness
 - ❖ Step deformity
 - ❖ Zygoma-facial deformity
 - ❖ Deviation of facial midline
 - ❖ Avulsion of teeth
 - ❖ Mobility of teeth
 - ❖ Malocclusion of teeth
 - ❖ Displacement of segment
 - ❖ Condition of condyle
- Teeth
 - ❖ Number
 - ❖ Size
 - ❖ Form
 - ❖ Attrition
 - ❖ Abrasion
 - ❖ Erosion
 - ❖ Ablation
 - ❖ Stains
 - ❖ Exposure of root surfaces
 - ❖ Interdental craters
 - ❖ Proximal contact relations
 - ❖ Mobility
 - Grade I
 - Grade II
 - Grade III
 - ❖ Trauma from occlusion

- ❖ Pathologic tooth migration
- ❖ Carious involvement
- ❖ Sensitivity to percussion
- ❖ Furcation involvement
 - Incipient
 - Cul-de-sac
 - Through but not visible
 - Through and visible
- ❖ Dentition with jaws closed
 - Excessive overbite
 - Open bite
 - Cross bite
 - Excessive overjet
 - Scissors bite
- Soft tissue analysis
 - ❖ Buccal mucosa
 - Color
 - Surface lesions
 - Consistency
 - Any teeth impinging
 - Swellings
 - ❖ Gingiva
 - Color
 - Surface
 - Texture
 - Consistency
 - Any ulcerations
 - ❖ Tongue
 - Size
 - Shape

- Surface
- Dorsum of tongue
- Undersurface of tongue
- ❖ Floor of mouth
- ❖ Palate
 - Depth
 - Color
 - Surface
 - Presence of tori
- ❖ Alveolar ridge

INVESTIGATIVE AIDS

- Radiographs
- Exfoliative cytology
- Biopsy
 - ❖ For light microscopy
 - ❖ For electromicroscopy
- CT scans
- CADIA
- Haematological and biochemical assays

CHAPTER 6

Prosthodontia

PROFORMA

- Name
- Age
- Sex
- Address
- Socioeconomic status

CHIEF DENTAL COMPLAINT

MEDICAL HISTORY

(Not many conditions contraindicate the use of prosthetic appliance)

- Cardiovascular disorders
- Hypertension
- Diabetes
- Leukaemia
- Anaemia
- Allergies
- Epilepsy
- Dyspnoea
- Arthritis
- Malignancies
- Pregnancy

DENTAL HISTORY

- Years of edentulousness
- Existing or current dentures
- Pre-extraction records
- Reason for loss of teeth

I) Previous denture experience: Denture worn

- Constantly
- Intermittently
- Day only
- Rarely have

II) Patient evaluation

- Denture comfort
- Chewing efficiency
- Esthetics
- Phonetics
- Food trapping
- Mental attitude
 - ❖ Exacting
 - ❖ Hysterical
 - ❖ Philosophical
 - ❖ Indifferent

III) Clinical assessment

- Interocclusal distance
- Stability of denture
- Occlusion
- Presence of undercuts
- Presence of gagging

OROFACIAL EXAMINATION

- Face
 - ❖ Ovoid
 - ❖ Square
 - ❖ Tapering
 - ❖ Square tapering

- Profile
 - ❖ Normal
 - ❖ Prognathic
 - ❖ Retrognathic
- Hair
 - ❖ Black
 - ❖ Brown
 - ❖ White
 - ❖ Blonde
- Complexion
 - ❖ Dark
 - ❖ Fair
 - ❖ Medium
 - ❖ Ruddy
- Lips
 - ❖ Large
 - ❖ Medium
 - ❖ Short
- Mouth opening
 - ❖ Large
 - ❖ Average
 - ❖ Small
- Oral mucosa
 - ❖ Normal
 - ❖ Hyperplastic
 - ❖ Hyperkeratotic
 - ❖ Inflamed
- Resorption of ridge
 - ❖ Slight
 - ❖ Moderate
 - ❖ Severe

- Frenal attachment
 - ❖ High
 - ❖ Average
 - ❖ Low
- Hard palate
 - ❖ Deep
 - ❖ Average
 - ❖ Flat
 - ❖ Tori present
- Post-dam area
 - ❖ Wide
 - ❖ Average
 - ❖ Narrow
- Floor of mouth
 - ❖ Favourable
 - ❖ Unfavourable
- Tongue
 - ❖ Favourable
 - ❖ Unfavourable
- Vestibular depth
 - ❖ Adequate
 - ❖ Inadequate
- Maxillomandibular relationship
 - ❖ Normal
 - ❖ Retrognathic
 - ❖ Prognathic
- Arch form
 - ❖ Ovoid
 - ❖ Square
 - ❖ Tapering

- Saliva
 - ❖ Normal
 - ❖ Thin
 - ❖ Thick
 - ❖ Excessive
 - ❖ Scanty
- Muscle tone
 - ❖ Class I—no degenerative change
 - ❖ Class II—slightly impaired muscle tone
 - ❖ Class III—greatly impaired muscle tone

IN CASE OF A PARTIAL DENTURE THE FOLLOWING POINTS ARE MORE RELEVANT

- No. of teeth missing with cause
- Deviation and its cause
- Condition of abutment teeth
- Condition of remaining teeth
- Occlusion
 - ❖ Normal
 - ❖ Disturbed
- Condition of ridge
- Kennedy's classification
 - ❖ Class I
 - ❖ Class II
 - ❖ Class III
 - ❖ Class IV
 - ❖ Modifications 1/2/3/4
- Oral hygiene
- Type of denture advised
 - ❖ Removable

- ❖ Fixed
- ❖ Acrylic
- ❖ Metallic
- Design of denture alongwith parts of RPD
- Details of fixed bridge with type of
 - ❖ Retainer
 - ❖ Connector
 - ❖ Pontic

INVESTIGATIVE AIDS

- Radiographs
- Casts and models
- Haematological tests
- CADIA.

CHAPTER 7

Approach to Case of Dental Pain

PROFORMA

- Name
- Age
- Sex
- Address
- Socioeconomic status
- Dietary habits
- Occupation

HISTORY OF PAIN

- Date of commencement
- Duration
- Site
 - ❖ Localised
 - ❖ Generalised
 - ❖ Radiating
- Character
 - ❖ Pulsatile
 - ❖ Dull
 - ❖ Sudden
 - ❖ Constant
 - ❖ Nagging
 - ❖ Sharp
 - ❖ Intermittent
 - ❖ Remittent
- Effect on sleep
- Cause of pain
 - ❖ Hot
 - ❖ Cold
 - ❖ Sweets

- ❖ Chewing/biting
- ❖ Air
- ❖ Other causes
- Lingerence of pain
- Relieving factors
- Aggravating factors

CLINICAL EXAMINATION

- Caries
- Extensive restoration
- Sensitivity to percussion
- Sensitivity to palpation
- Response to heat
- Response to cold
- Periodontal pocket depth
- Mobility
- Wear facets or signs of occlusal trauma
- Craze lines
- Exposed root surface
- Presence of sinus tract
- Tooth discoloration
- Others

ROENTGENOGRAPHIC EXAMINATION

- Caries
- Overhanging restoration
- Periapical pathology
 - ❖ Widened periodontal ligament
 - ❖ Radiolucent lesion

- Root fracture
- Bone levels
 - ❖ Furcations
 - ❖ Interproximally